



The Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION OF SPEECH-LANGUAGE
PATHOLOGY & AUDIOLOGY
239 CAUSEWAY STREET
BOSTON, MA 02114
(617) 727-1747
www.mass.gov/dpl/sp/

Date Approved

Amount Received

Approved By

License No.

***** DO NOT WRITE ABOVE THIS LINE *****

APPLICATION FOR LICENSURE

Application Fee: \$57.00 for each professional area:

_____ **Speech-Language Pathologist**

_____ **Audiologist**

Please Print or Type all information.

1. NAME: _____
last first middle initial
maiden: _____

2. RESIDENTIAL ADDRESS: _____

city or town state zip code
() _____
telephone #

3. BUSINESS ADDRESS: _____

city or town state zip code
() _____
telephone #

4. EMAIL ADDRESS: _____

5. Name as you wish it to appear on your license:

first middle initial or name last

6. Have you held a professional license in another jurisdiction?
____ No ____ Yes If so, please list _____

Have official letter of verification of licensure sent from each jurisdiction in which you are licensed.

April 26, 2004

7. Has any disciplinary action been taken against you within the last ten years by:
- | | | |
|------------------------------------------------------------|-------|-------|
| | No | Yes |
| Governmental Authority (i.e. professional licensing board) | _____ | _____ |
| Third Party Insurance Carrier | _____ | _____ |
| Professional Association or Organization | _____ | _____ |

If so, please state the details: _____

8. Have you voluntarily surrendered a professional license within the last ten years?

_____No _____Yes If so, please state the details. _____

9. Are you the subject of pending disciplinary action?

_____No _____Yes If so, please state the details. _____

10. Have you been the defendant in a civil proceeding resulting in a settlement or a judgment against you within the last ten years?

_____No _____Yes If so, please state the details. _____

11. Have you been convicted of a criminal offense other than a misdemeanor within the last ten years?

_____No _____Yes If so, please state the details. _____

12. NATIONAL CERTIFICATION STATUS: Do you possess a current and valid Certificate of Clinical Competence from the American Speech-Language-Hearing Association in the area in which you seek licensure? Yes_____ No_____

If you possess a current and valid CCC from ASHA, have ASHA send a verification letter to the Board of Speech Language Pathology and Audiology, then skip to question number 15.

Education	College or University	Degree Earned/ Date	Concentration
Undergraduate			
Graduate			

Have Official Transcripts (with the College Seal) from all Higher Education Institutions sent to the Board. Have a copy of required student clock hours sent to the Board.

13. Did you take the National Examination in the area in which you are seeking licensure?

Yes _____ No _____ Date Taken: _____

Please have the score sent from Educational Testing Service to the Board. The Reporting Code for the Board is 7421.

14. SUPERVISED PROFESSIONAL PRACTICE: ("Clinical Fellowship Year" ---- ASHA)

Agency: _____ Supervisor: _____

Address: _____

city _____ state _____ zip code _____

Telephone No.: (_____) _____

Practice Period: ____/____/____ to ____/____/____ Full time ____ Part time ____
date date

Send Form 1, Supervised Professional Practice Plan, to the Board within 30 days of employment. Send Form 2, Supervised Professional Practice Report, to the Board upon the completion of the Supervised Professional Practice.

15. Pursuant to G.L.M.c.62C, s.49A, I have filed all state tax returns. Yes _____ No _____

If no, please explain _____

Social Security Number: _____ Date of Birth: ____/____/____
(mandatory*) M M / D D / YYYY

Information may be used for Department of Revenue Enforcement Purposes.

16. This applicant agrees to abide by the rules and regulations for the licensing of Speech-Language Pathologists and Audiologists as contained in Title 260 of the Code of Massachusetts Regulations and attests that all statements herein are truthful and are made under the pains and penalties of perjury.

* Pursuant to M.G.L. Ch. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to determine if you are in compliance the tax laws of the Commonwealth.

_____/_____/_____
Applicant's signature-signed in the presence of a Notary Public Date: M M / D D / YYYY

Signature of Notary Public Date Notary's Commission Expires: M M / D D / YYYY

Place a 2" by 2"
original photo of
yourself in this box.